

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 19, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT code 90901 rendered on 8/5/03.

II. RATIONALE

Review of the requestor's position statement dated December 15, 2003 states in part, "...Reimbursement for services is dependent on the accuracy of the coding and documentation. All participants shall be responsible for correctly applying the ground rules contained within the Medical Fee Guideline, and the rules contained within the CPT/HCPCS, the ICD-9-CM coding system, and the global service surgery coding guidelines."

Review of the respondent's position statement dated January 7, 2004 states in part, "...In an effort to facilitate reimbursement for the improperly coded bill, the carrier applied TWCC Rule 133.202 biofeedback codes to the services for the date of service in dispute. However unfortunately, this carrier inadvertently applied code 90911 and an extra 90901 when in fact the proper coding for the services provided should have been code 90901 once (not 90901 twice and note code 90911 at all). (Exhibit 4) The proper reimbursement for the services provided as represented by the proper single code, 90901, is \$62.01. (Exhibit 5) The request was reimbursed \$86.14, therefore, no additional reimbursement is due. In fact, a refund in the amount of \$24.13 is due to this carrier. ..."

Review of the carrier's EOB audited on 9/12/03 revealed the requestor billed for CPT code 90901 (biofeedback) in the amount of \$240.00, the carrier denied the disputed charge, as "F-Z3-The procedure, which is the component code, is considered integral to the successful completion of the comprehensive procedure The procedure does not represent a separately identifiable, unrelated procedure."

According to the Medicare Fee Schedule CPT code 90901 is considered bundled into CPT code 90911. Therefore the requestor is not entitled to reimbursement of the disputed charge.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 90901.

The above Findings and Decision is hereby issued this 28th day of May 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division